

**ATTACHMENT**  
**D**  
**PART 2**

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## **Section 6. Medical Emergencies in the Dental Clinic**

Each dental department shall be prepared to implement urgent medical care procedures. All dental staff shall maintain CPR certification. An oxygen source with an ambu-type bag and drug kit shall be readily available.

This policy, together with knowledge in Cardiopulmonary Resuscitation (Basic Life Support) should provide a basis for judgements to be made in the management of emergencies.

**Emergency:** An unforeseen circumstance that requires immediate attention.

**Health Evaluation:** All patients seen in the dental clinic will be questioned as to their current mental/physical condition. A dental/medical history will be conducted utilizing SF 88, SF 360 and the Dental/Medical Health History form. When indicated, laboratory test and current blood pressure readings will be gathered.

### **a. Emergency Equipment:**

#### **(1) Equipment**

- (a) Positive pressure breathing equipment
- (b) Tongue Blade
- (c) Sphygmomanometer (Blood Pressure Apparatus)
- (d) Stethoscope
- (e) Sterile, disposable 3cc syringe (2)
- (f) Tourniquet
- (g) Oral Airway

#### **(2) Emergency Drugs:**

- (a) Oxygen
- (b) Aromatic Spirits of Ammonia
- (c) Epinephrine, .5 ml vial (1)
- (d) Benadryl, 1 ml, steri-dose syringe (1)
- (e) Nitrostat, .04 mg (1/150gm), 1 bottle 25 tablets

(f) Sugar (soft drink) 1 can

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c. Procedure:

- (a) Place the patient in a supine position
- (b) Insure a patent airway
- (c) Administer oxygen (except in cases of hyperventilation)
- (d) Send to the medical clinic for a physician or a PA.
- (e) Be prepared to :
  - (i) Support respiration
  - (ii) Support circulation

b. Dental Staff Function. All dental staff will respond to the site of an emergency. A dentist will take charge following the protocols established. Other staff will set up the oxygen, get emergency drugs and equipment and if necessary seek assistance from the medical clinic. In the event only one dental staff member is available, any inmate in the area will be sent to the medical clinic for assistance. If a staff member is totally without help, he/she will dial 222, then initiate emergency care.

All dental staff will maintain CPR certification. Procedures should be practiced at least twice a year.

c. Protocols

(1) Condition - **SYNCOPE**

(a) **Cause:** Cerebral Hypoxia (reduced blood flow to the brain)

(b) **Symptoms:**

Pallor (pale, cold , clammy)

Anxiety

Nausea

Perspiration

Tremors and convulsions

(may occur if patient is left in sitting

position)

Loss of consciousness

Rapid pulse initially; then slow

Pupils may dilate

Blood pressure may decrease

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(c) **Treatment:**

Place the patient in a supine position  
(do not lower head below horizontal)  
Secure a patent airway  
Administer oxygen  
Ammonia by inhalation may be helpful  
Cold compresses face and neck  
Reassure the patient  
refer to the medical clinic when stable

(2) Condition: **HYPERVENTILATION**

(a) **Cause:** Excess loss of Carbon Dioxide produces  
respiratory alkalosis

(b) **Symptoms:**

Rapid, shallow breathing  
Confusion  
Vertigo (dizziness)  
Paresthesia (numbness or tingling of extremities)  
Carpo-Pedal Spasm

(c) **Treatment:**

Have patient breathe into a paper bag  
Reassure the patient  
Refer to the medical clinic when stable

(3) Condition: **AIR WAY OBSTRUCTION**

(a) **Cause:** Foreign body in larynx or pharynx

(b) **Symptoms:**

Choking  
Gagging  
Violent inspiratory effort  
Cyanosis  
Rapid pulse at first; then slow  
Cardiac arrest

(c) **Treatment:**

Allow the patient to try and clear airway on own;  
if unable Perform Heimlech Maneuver  
Seek assistance from medical staff

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(4) Condition: **URTICARIA OR PRURITUS**

(a) Cause: Allergic reaction

(b) Symptoms:

Urticaria

(rash-usually red skin eruptions, of face, neck, arms, hands)

Pruritus

(itching of face, neck, arms, hands)

(c) Treatment:

Diphenhydramine Hydrochloride (Benadryl) 50 mg  
orally q.6-8hrs

Refer to medical clinic

(5) Condition: **ANGIONEUROTIC EDEMA**

(a) Cause: Allergic Reaction

(b) Symptoms:

Swelling of lips, eyelids, cheeks, pharynx, and larynx

Pruritus, urticaria, hoarseness, stridor, cyanosis

(c) Treatment:

Benadryl 10-50mg IM

Oxygen

Refer to medical clinic

(6) Condition: **CONVULSIONS**

(a) Cause:

Preexisting seizure disorder

idiosyncrasy to drug (local anesthetic)

(b) Symptoms:

Signs of CNS stimulation

(excitement, tremors, followed by convulsions)

In epilepsy (Grand Mal), aura (flash of light,

unusually smell, followed by cry from patient)

will precede convulsion

(c) **Treatment:**

Try to keep the patient from, injuring himself,  
attempt to place tongue blade between teeth to  
avoid tongue lacerations.  
Seek assistance from medical staff.



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(7) Condition: **ANGINA PECTORIS**

(a) **Cause:** Insufficient blood supply to cardiac muscle; may be precipitated by stress and anxiety.

(b) **Symptoms:**

Pain in chest  
Vital signs usually good  
Pain may radiate to arms or mandible  
Patient usually has a history of this problem  
Pain may persist for 3-5 minutes

(c) **Treatment:**

Semirecumbent position  
Oxygen  
Nitroglycerine, 1/150gr sublingually  
(this may be repeated in 5 minutes, 3 times)  
Reassure patient  
Seek assistance from medical staff

(8) Condition: **INSULIN SHOCK**

(a) **Cause:**

Hypoglycemia or hyperinsulinism  
(Often occurs in diabetic patients with an infection who took morning but failed to eat breakfast.)

(b) **Symptoms:**

Nervousness  
Confusion  
Profuse sweating  
Convulsions  
Coma  
Rapid pulse  
Nausea

(c) **Treatment:**

Administer sugar orally, if possible  
Seek assistance from medical staff

(9) Condition: **CARDIAC ARREST**

(a) **Cause:**

May follow myocardial infarct or respiratory  
obstruction

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(b) **Symptoms:**

Unconsciousness  
No respiration or pulse  
No blood pressure  
Pupils dilated  
Cyanosis

(c) **Treatment:**

Seek assistance from medical staff  
Initiate CPR

(10) Condition: **EXCESSIVE BLEEDING**

(a) **Cause:** Cutting of major blood vessel

(b) **Symptoms:**

Profuse bleeding

(c) **Treatment:**

Apply direct pressure to bleeding site  
Reassure patient  
Seek assistance from medical staff

**Section 7. Dental Services**

a. Levels of Care

(1) Dentally Mandatory. Any condition that puts the inmate's health or well-being at immediate risk, such as urgent care for immediate relief of pain, traumatic injury, or acute infection. See Urgent Dental Treatment below.

(2) Presently Dentally Necessary. That without which the inmate could not be maintained without significant risk of either further serious deterioration of the condition or significant reduction of the chance of possible repair after release, or without significant pain or discomfort. See Routine Dental Treatment below.

(3) Dentally Acceptable But Not Dentally Necessary. Includes such treatments as dental implants, fixed prosthodontics, and major orthodontics. See Accessory Dental Treatment below.

b. Extent of Care. The extent of care should be dictated by patients' response to treatment and interest in their oral

health. Services shall be provided that assist the patient in developing a healthy oral environment. Removable partial dentures shall be provided at the CDO's discretion and must be justified by a lack of teeth for adequate mastication or an

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aesthetic need. Prosthetic appliances shall only be provided in a periodontally healthy environment after all restorative work is completed. Some patients' scope of treatment may be limited by a pre-existing medical condition. To assist the practitioner, a written medical evaluation/consultation shall be done prior to treatment on these medically compromised patients. The SF 513 (Consultation Sheet) should be used for this purpose.

c. Examinations

(1) Screening

(a) Sentenced/Designated Inmates. For individuals in predictably long-term incarceration (i.e sentenced or designated) an initial examination to determine any treatment needs shall be done at the institution of designation within 14 days of admission on BP-S618.060.

The examination shall include a head/neck and soft tissue exam and an oral exam with complete charting, noting of any dental pathology, and an assessment of periodontal status based upon the Community Periodontal Index of Treatment Needs (CPITN). Decayed, Missing, Filled (DMF) findings are to be recorded on the front of the BP-S618.060. A dental/medical health history shall also be developed. On rare occasions, this exam may be delayed if warranted by professional judgement. Recommended treatment shall be recorded on the BP-S618.060. The inmate shall be notified of the findings and instructed on how to acquire treatment. Provision of oral health education information is encouraged.

(b) Unsentenced/hold-over/pretrial Inmates. For individuals in predictably short-term custody (MCCs/MDCs/Jails), an initial examination to determine treatment needs shall be done within 30 days of admission. The oral exam portion may be documented on SF 88-Section 44 instead of BP-S618.060.

The examination shall include a head/neck and soft tissue exam. This is not to include CPITN or DMF information. Any subsequent provision of dental care must be entered on BP-S618.060, including documentation of the patient's health history.

(2) Comprehensive. A comprehensive dental exam shall be provided for the patient prior to initiating routine treatment, and shall include any necessary x-rays and a complete CPITN. This information, plus a review of the screening exam findings and the patient's medical health history, shall be used to develop a treatment plan.

(3) Periodic Oral Exam. A periodic oral exam is performed

when determined to be necessary by the dentist to reassess the oral health of the patient. It shall include a head and neck exam, an oral hard and soft tissue exam, and the CPITN assessment. It may require a charting update on a new BP-S618.060.

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d. Urgent Dental Treatment. Urgent dental treatment is of the highest priority and is available on a 24-hour basis. This care shall be provided at sick call unless urgency dictates otherwise. Local institution procedures shall control when dental sick call is held and how inmates can access this care. Urgent care includes treatment for immediate relief of pain, traumatic injuries and acute infections. Only urgent care should be provided during dental sick call. All dental sick call and urgent dental care procedures are to be documented using the "SOAP" format.

e. Routine Dental Treatment. As resources of staff, time, and materials are available, the dental service unit shall provide routine treatment for sentenced inmates. Prior to treatment, a comprehensive exam shall be given and a dental treatment plan developed. Routine care includes but is not limited to radiographs, oral health instructions, indicated prophylaxis and other periodontal therapy, endodontic and restorative treatments, oral surgery, and the fabrication of prosthodontic appliances. Cast crowns and bridges are normally not authorized and are considered accessory care.

Access to routine care shall be equitably controlled through a treatment list. Unless prioritized for health or administrative reasons, inmates on the treatment list shall be called according to their chronological entry date. Inmates shall not be involved in maintaining the treatment list or in the scheduling process.

f. Accessory Dental Treatment. Accessory dental treatment is not ordinarily provided to the inmate population. Accessory treatment extends beyond the scope of routine treatment; it may include major orthodontic tooth movement, fixed prosthetics, dental implants, edentulous ridge augmentations, orthognathic surgery, and TMJ surgery. If the CDO determines such treatment may be warranted, approval must be obtained from the Chief Dentist and the Medical Director.

g. Continuation of Outside Treatment. Newly incarcerated inmates may present at the initial screening as "in treatment." The Bureau is not responsible for completing dental care or therapy started prior to incarceration. Care will be provided as policy and resources dictate. Fixed or removable prosthetic appliances that have been fabricated as part of outside care may be sent to the CDO. However, the inmate shall be informed that the Bureau will not deliver or be responsible for any unsatisfactory prosthetic device from an outside source. The judgement as to the acceptability of these appliances is to be made by the practitioner. Teeth that have been prepared for cast crowns may be maintained with metal or acrylic/polycarbonate pre-formed crowns, unless approval for

accessory care is granted.

Previously started endodontic treatment should be completed if professional judgement indicates. Patients in periodontal therapy shall be maintained or treatment continued as



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professional judgement indicates. For patients involved in orthodontic tooth movement, active therapy should be discontinued and the appliances used as passive maintainers. Removal of any fixed orthodontic appliance is to be done only with the patient's written consent.

h. Continuation of Routine Care. The CDO at each institution shall make individual judgements as to the continuation of dental care begun at other institutions. A fair judgement will take into account the nature and extent of the work to be completed and the priorities already established.

## Section 8. Dental Records

### General Information.

a. All forms shall be completed in black ink only. All forms shall contain the patient's name and number and the name of the institution (see Chapter V, Section 5).

b. All clinical dental forms shall be kept in the patient's health record in Section 3 (see Chapter V, Section 5). If the initial Modified Initial exam was done on SF 88, the form is to be filed in Section 2. If unique circumstances dictate that dental records be kept separate from the health record in the dental service unit, approval shall be obtained from the Chief Dentist.

c. The order of the documents is:

- 1- radiographs,
- 2- treatment records: BP-S618.060 and HSA-237 (with the most recent on top),
- 3- Health History Form,
- 4- consultation form (SF 513),
- 5- Oral Maxillofacial Surgery Consent Form, and
- 6- any other documents. Radiographs shall be filled at the beginning of the health record in Section 3. All other forms shall be filed in chronological order by institution.

d. The date, time, signature, and professional stamp of the practitioner shall be included with the documentation of the patient's visit.

e. Documentation shall be legible and made only on the

inmate's current institution's dental forms.

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f. SOAP format shall be used for all sick call/urgent care entries as follows:

Subjective findings, i.e., the symptoms described by the patient.

Objective findings, i.e., what the dentist sees clinically via visual exam, palpation, radiographs, etc.

Assessment/rationale leading to an impression or provisional diagnosis.

Plan/procedure, patient education and treatment rendered.

Routine care entries following a comprehensive oral examination and development of a treatment plan do not need to be entered using the SOAP format.

g. Entries of medication orders shall include the name of the medication, dosage, frequency, and duration. The brand names of materials placed during treatment shall also be documented.

h. Only approved, standard medical and dental forms shall be used.

#### Section 9. Hazard Communication Program

Each dental services unit shall have a Written Hazard Communication Program (HCP), including:

- a. A Regulated Waste Removal Program following Bureau policy.
- b. A chemical inventory and usage log of flammable liquids.
- c. Material Safety Data Sheets (MSDS) on products used in the unit and records of training on MSDSs.
- d. A documented employee training program.
- e. A copy of immunization records.

Each dental unit shall have a fireproof cabinet.

The use of amalgam capsules and covered amalgamators shall be standard in all clinics. Scrap amalgam shall be handled and disposed of properly.

All Dental Lathes and model trimmers shall be fitted with

shields for user protection.

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Each Dental Services Unit shall be monitored for mercury vapor at least yearly. Vapor badges shall be funded and distributed through the Central Office. A urinalysis test for mercury may be performed on any dental staff when indicated.

#### **Section 10. X-Ray**

X-ray units must be inspected in accordance with Bureau policy. Proper filtration, collimation, shielding, and control over time-intensity shall be used. Lead protective aprons and environmental shielding shall be used and inspected annually (see Chapter X, Section 13).

Appropriate dental staff and inmate workers shall be issued radiation monitoring badges and be monitored according to Bureau policy (see Chapter X, Section 14).

#### **Section 11. Dental Diets**

Special diets shall be prescribed for a limited time and renewed consistent with local policy. An appropriate diet shall be made available for all patients with intermaxillary fixation (see Chapter VI, Section 9).

#### **Section 12. Intermaxillary Fixation**

A means of removing fixation is to be readily available to staff who are supervising inmates with intermaxillary fixation.

#### **Section 13. Biopsy Service**

All institutions shall have a pathology service available. An agreement between the PHS and the National Naval Dental Center allows Bureau clinics to send their biopsy specimens to Bethesda, Maryland, or San Diego, California. If necessary, a telephone or telegram response may be requested. Mail containers and forms can be obtained from:

Chief, Oral Pathology Service  
National Naval Dental Center, Bethesda, MD 20014  
or  
Chief, Oral Pathology Service  
Naval Dental Center, San Diego, CA 92136-5147

All results shall be reviewed and initialed by the referring practitioner and referred to the Tissue Committee. Biopsy findings shall be explained to the patient and so noted in the treatment record.

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QUALIFICATION BRIEF - DENTAL HYGIENIST  
(EXAMPLE)

\_\_\_\_\_ has demonstrated the necessary qualifications to perform the below-listed functions. Performance standards have been met through education, training, and experience. The applicant must provide evidence of current certification and/or licensure.

I. Patient Care:

- a. Plans and conducts oral health educational programs.
- b. Provides prophylactic and preventive oral hygiene procedures for patients.
- c. Operates radiographic equipment, processes film, and makes preliminary interpretation to identify gross oral pathology.
- d. Performs screening exams and charts existing conditions.
- e. Places transitional restorations in emergency situations.

II. Administration:

- a. Assist in scheduling.
- b. Maintains daily statistics.
- c. Prepares reports as needed.
- d. Assists in record management.

III. Security Responsibilities:

- a. Knowledgeable of Bureau policies.
- b. Knowledgeable of institutional supplemental policies.
- c. Exercises custodial control in the work area.

\_\_\_\_\_  
Dental Hygienist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Dental Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Services Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Director

\_\_\_\_\_  
Date

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DENTAL HYGIENE PRIVILEGE STATEMENT  
 (EXAMPLE)

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Type of Care: \_\_\_\_\_ Performs \_\_\_\_\_

=====

=

A. Records patient's dental/medical history	yes	no
B. Performs dental prophylaxis	yes	no
C. Performs deep scaling, root planing	yes	no
D. Takes radiographs; preliminary interpretation	yes	no
E. Provides oral health education	yes	no
F. Performs screening exam	yes	no
G. Places periodontal dressing	yes	no
H. Places anesthetic, topical	yes	no
I. Performs anesthetic injections	yes	no
J. Places topical fluoride application	yes	no
K. Performs CPR	yes	no
L. Places transitional restorations	yes	no
M. Delivers post-op hemorrhage care	yes	no
N. Other: _____		

\_\_\_\_\_ RDH

Date: \_\_\_\_\_

\_\_\_\_\_ CDO

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QUALIFICATION BRIEF - DENTAL ASSISTANT  
(EXAMPLE)

\_\_\_\_\_ has demonstrated the necessary qualifications to perform the below-listed functions. Performance standards have been met through education, training, and experience. The applicant must provide evidence of current certification and/or licensure.

I. Patient Care:

- a. Plans and conducts oral health education programs.
- b. Is knowledgeable about dental materials.
- c. Operated radiographic equipment. Takes, processes, and mounts radiographic films.
- d. Is knowledgeable about dental terminology and charting techniques.
- e. Is knowledgeable about restorative, prosthetic, endodontic, periodontic, and oral surgical procedures and can demonstrate the ability to assist the primary care provider.
- f. Performs CPR.

II. Administration:

- a. Assist in scheduling.
- b. Maintains daily statistics.
- c. Prepares reports as needed.
- d. Assists in record management.
- e. Is knowledgeable of OSHA guidelines for dental practices.

III. Security Responsibilities:

- a. Knowledgeable of Bureau policies.
- b. Knowledgeable of institutional supplemental policies.
- c. Exercises custodial control in the work area.

\_\_\_\_\_  
Dental Assistant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Dental Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Services Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Director

\_\_\_\_\_  
Date



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DENTAL ASSISTANT PRIVILEGE STATEMENT  
(EXAMPLE)

—  
Type of Care:  
=====

=

A.	Records patient's dental/medical history.	yes
no		
B.	Places rubber dam.	yes
no		
C.	Mixes dental materials.	yes
no		
D.	Takes and mounts radiographs.	yes
no		
E.	Provides oral health education.	yes
no		
F.	Performs screening exam.	yes
no		
G.	Places periodontal dressing.	yes
no		
H.	Places anesthetic, topical.	yes
no		
I.	Removes sutures.	yes
no		
J.	Takes preliminary prosthetic impressions.	yes
no		
K.	Performs CPR.	yes
no		
L.	Places transitional restorations.	yes
no		
M.	Delivers post-op hemorrhage care.	yes
no		
N.	Performs minor prosthetic repairs.	yes
no		

O.	Performs cementation of crowns and bridges.	yes
no		
P.	Places packing for alveolitis condition.	yes
no		
Q.	Performs supragingival cavitroning.	yes
no		
R.	Fabricates custom trays, bite rims, night guards.	yes
no		
S.	Other: _____	yes
no		

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FEDERAL BUREAU OF PRISONS  
 DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? yes  
 no  
 If so, what? \_\_\_\_\_
2. Are you allergic to or have you had a reaction  
 to any medication or drug? If so, what? yes  
 no  
 \_\_\_\_\_
3. Have you been under the care of a physician during  
 the past two years? If so, why? yes  
 no  
 \_\_\_\_\_
4. Have you been hospitalized in the past two years?  
 If so, why? yes  
 no  
 \_\_\_\_\_
5. Do you have or have you ever had a heart murmur  
 or been treated for a heart condition? yes  
 no
6. Do your ankles ever swell during the day? yes  
 no
7. Have you ever been treated for a tumor or growth? yes  
 no
8. Have you ever had abnormal bleeding? yes  
 no
9. Have you ever had serious difficulty with any  
 dental treatment? yes  
 no
10. Have you ever had clicking, popping, or pain  
 in your jaw joint? yes no

Circle any of the following that you have had:

Congenital heart defects	Heart murmur
Heart attack or heart problems	Angina
Stroke	High Blood pressure
Rheumatic Fever	Heart pacemaker
Asthma	Epilepsy or seizures
Anemia (blood problems)	Diabetes
Thyroid problems	AIDS or HIV infection
Chronic bronchitis	Emphysema
Venereal disease (syphilis, gonorrhea)	Tuberculosis (TB)

Arthritis  
Artificial heart valve  
Hepatitis

Psychiatric treatment  
Artificial joint

Do you currently use tobacco (cigarettes, chewing tobacco, snuff)?

Do you have any disease, condition, or problem not listed?  
WOMEN ONLY: Are you pregnant?

Name: \_\_\_\_\_

Reg No.

Institution: \_\_\_\_\_

Date:

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FEDERAL BUREAU OF PRISONS  
 HISTORIA CLINICA DE ODONTOLOGIA Y MEDICA

- |  |       |
|--|-------|
| 1. Que medicinas esta tomando actualmente?<br>Si es si, el nombre _____  | Si No |
| 2. A que medicinas es usted alergico?<br>Si es si, el nombre _____   | Si No |
| 3. Tuvo alguna enfermedad durante los ultimos<br>dos anos que requirio ver un doctor?<br>Si es si, por que? _____          | Si No |
| 4. Ha estado usted en el hospital durante los<br>ultimos dos anos? Si es si, por que?<br>_____                             | Si No |
| 5. Tiene usted o ha tenido historial de un soplo<br>en el corazon o ha sido tratado por alguna otra<br>condicion cardiaca? | Si No |
| 6. Se le hinchan los pies?   | Si No |
| 7. Tiene cancer? Desde cuando? _____   | Si No |
| 8. Sangra usted con exceso?  | Si No |
| 9. Ha tenido problemas con algun tratamiento<br>dental?  | Si No |
| 10. Ha tenido usted alguna vez temblores,<br>dislocaciones o dolores en su mandibula?                                      | Si No |

Que enfermedades o sintomas tiene? De reconocerlos  
 una marca:

Defectos del corazon	Soplo cardiaco
Ataque del corazon	Angina
Fiebre reumatica	Presion alta
Apoplejia o derrame cerebral	Marcapasos
Asma o fatiga	Convulsiones
Anemia (problemas de sangre)	Diabetes
Hepatitis (problemas del higado)	SIDA o infeccion de HIV
Proplemas de tiroies	Enfisema
Bronquitis	Tuberculosis
Enfermedad venerea (gonorrea/sifilis)	Desordenes psiquiatricos
Artritis	Coyunturas artificiales
Valvulas artificiales	

Usa usted frecuentemente tabaco  
 (cigarrillos, mascar, rape)?

Si No

Tiene otras enfermedades que no esten en esta lista?

Si No

LAS MUJERES: Esta usted embarazada o encinta?

Si No

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Nombre \_\_\_\_\_ Numero \_\_\_\_\_

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INFORMED CONSENT FOR ORAL AND MAXILLOFACIAL SURGERY

Procedure: \_\_\_\_\_

Alternative to surgery:

I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Pain
3. Health complications beyond the present problem.

Possible complications which have been explained to me:

1. Pain
2. Dry socket (alveolitis)
3. Infection
4. Decision to leave a small piece of tooth root in the jaw when its removal would require extensive surgery and increased risk of complications.
5. Bleeding and bruising
6. Swelling
7. Injury to adjacent teeth or restorations
8. Maxillary sinus involvement
9. Nerve injury
10. Bony fractures
11. Temporomandibular joint disorder

I have had the opportunity to discuss and to ask question about my surgery with Dr. \_\_\_\_\_.

I consent to the surgery as described.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Patient's printed name and number

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Doctor's printed name

\_\_\_\_\_  
Doctor's signature

Witness (Not Required)

Institution: \_\_\_\_\_



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PERMISO PARA CIRUGIA ORAL & MAXILLOFACIAL

Procedimiento:

---

Alternativa a la cirugia: Entiendo que si no me hacen este procedimiento se podria empeorar este problema. Resultados posibles incluyen:

1. Infeccion
2. Dolor
3. Complicaciones de su salud en el futuro puede suceder si su problema present continua.

Se me han explicado estas complicaciones posibles relacionadas con la cirugia.

1. Dolor
2. Alveolo seco
3. Infeccion
4. Perdida de sangre, moretones
5. Hinchazon
6. Dano a otras muelas o al empaste de otra muela.
7. Perforacion del seno maxilar.
8. Dano a un nervio
9. Fractura de hueso.
10. Puede que se decida dejar un pedacito de la raiz de la muela si se ve que el proceso de extraerla requiere cirugia mas complicado y podria resultar en otras dificultades.
11. Trastorno en la junta temporo-mandibular

Se me ha ofrecido la oportunidad de hablar con el/la doctor(a) \_\_\_\_\_ y de hacerle preguntas acerca de la cirugia.

Doy el permiso para que me la hagan.

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Firma del paciente

Fecha/Tiempo

---

Firma del dentista

**DENTAL CLINIC BLOOD AND BODY FLUID GUIDELINES**

**I. USE OF PROTECTIVE ATTIRE AND BARRIER TECHNIQUES**

**A. Gloves**

Disposable (latex or vinyl) gloves should be worn by persons who are in contact with blood, tissue, body fluids, mucous membranes, non-intact skin, excretions, or equipment or surfaces potentially contaminated with these fluids. Gloves must be changed between all patient contacts. Repeated use of a single pair of gloves by disinfecting them between patients may not prevent cross-contamination between patients, and is not recommended.

**B. Face masks and protective eyewear**

Surgical masks and protective eyewear or chin-length plastic face shields should be worn when splashing or spattering of blood or other body fluids is likely. Dental staff members should wear these items while performing treatment on all patients. The dental patient should also be provided with protective eyewear.

**C. Gowns**

Reusable or disposable gowns, laboratory coats, or uniforms must be worn when clothing is likely to be soiled with blood or other body fluids. If reusable gowns are worn, they may be washed, using a normal laundry cycle at the institution or at a commercial laundry. See the HSA for local policy. Gowns may not be taken home for laundering. Gowns should be changed at least daily or when visibly soiled with blood.

**D. Surface barriers**

Impervious-backed paper, aluminum foil, or clear plastic wrap should be used when ever indicated to cover surfaces (e.g., light handles or x-ray unit heads) that may be contaminated by blood or saliva and that are difficult or impossible to disinfect. The coverings should be removed, discarded, and then replaced with clean material between patients.

**E. Other protective measures**

All procedures and manipulations of potentially infective materials should be performed carefully to minimize the formation of droplets, splatters, and aerosols, where

possible. Use of rubber dams, where appropriate, high speed evacuation, and proper patient position should facilitate this process.

## II. HANDWASHING AND CARE OF HANDS

Hands should be washed before and after the care of each patient. When gloves are torn, cut or punctured, they must be removed immediately, hands thoroughly washed, and regloving accomplished before completion of the dental procedure. Hands should be washed with an antimicrobial handwash. Cuts and sores on hands should always be covered. Health care workers with oozing sores or weeping dermatitis should refrain from practicing.

## III. USE AND CARE OF SHARP INSTRUMENTS AND NEEDLES

- A. All employees who perform or assist in dental procedures must use extraordinary care to prevent injuries to hands caused by needles, scalpels, and other sharp instruments or devices during procedures; and when cleaning dirty instruments. After use, disposable syringes and needles, scalpel blades, and other sharp items must be placed into a puncture-resistant container located in the dental clinic. Only institution staff will handle these items.
- B. Dental needles should only be recapped by using the one hand technique or by placing the cap in a shield or holder so that the needle can be guided back into the cap without injury.
- C. A new sterile syringe and needle must be used for each patient.

## IV. STERILIZATION AND DISINFECTION OF INSTRUMENTS AND EQUIPMENT

### A. Instrument Cleaning

Before high level disinfection or sterilization, instruments must be cleaned to remove debris. Cleaning may be accomplished by a thorough scrubbing with soap and water, or by using a mechanical device. (e.g., ultrasonic cleaner or dishwasher). Persons involved in cleaning and decontaminating instruments should wear heavy duty rubber gloves to prevent hand injuries.

### B. Sterilization of instruments

Metal and heat-stable dental instruments will be routinely sterilized between use by steam under pressure (autoclaving) or by dry heat. The adequacy of sterilization cycles will be verified by weekly use of spore-testing devices. When necessary, high level sterilization of heat-sensitive instruments will be

accomplished by up to ten (10) hours exposure in a liquid chemical agent registered by the EPA as a disinfectant sterilant.

**C. High level disinfection**

High level disinfection will be accomplished by immersion into an EPA registered disinfectant/sterilant chemical for the exposure time recommended by the chemical's manufacturer.

**D. Decontamination of work surfaces**

At the completion of work activities, counter tops and surfaces that may have been contaminated with blood or saliva should be wiped with absorbent toweling to remove extraneous organic material, then disinfected with a suitable chemical disinfectant.

**E. Use and care of ultrasonic sealer, handpieces, and dental units**

1. Handpieces should be sterilized between patients. Before sterilization, water-cooled handpieces should be flushed by running the handpiece for 20-30 seconds, discharging the water into a sink or container. Then the handpiece should be scrubbed to remove adherent debris. If the handpiece can not be sterilized, it should be wiped with a material saturated with a chemical germicide that is registered with the EPA as being a microbactericidal. The disinfecting solution should remain in contact with the handpiece for a time specified by the disinfectant's manufacturer. Every effort should be made to obtain sterilizable handpieces.
2. Ultrasonic scalers and air/water syringes should be treated in the same manner as handpieces.

**V. HANDLING OF BIOPSY SPECIMENS**

Each specimen should be put in a sturdy container with a secure lid to prevent leaking during transport. Care should be taken to avoid contamination of the outside of the container. If the outside of the container is visibly contaminated, it should be cleaned and disinfected, and placed in an impervious bag and then taken to the laboratory.

**VI. DISPOSAL OF WASTE MATERIALS**

- A. Disposable needles, scalpels, or other sharp items will be placed intact into puncture-resistant containers before disposal.
- B. Other solid waste contaminated with blood or other body fluids will be placed in an infectious waste container

located in the dental clinic. These containers will be disposed of by the Health Systems Administrator or his appointee in accordance with established policy. Waste containers will be emptied regularly according to local policy.

## VII. INFECTION CONTROL IN THE DENTAL LABORATORY

- A. Materials, impressions, and intraoral appliances should be cleaned and disinfected before being handled, adjusted, or sent to a dental laboratory. These items should also be cleaned and disinfected when returned from the dental laboratory and before placement in the patient's mouth.
- B. Impressions and intraoral appliances will be disinfected by immersion. A suitable chemical germicide which is microbactericidal and correctly diluted will be utilized. The impression should then be rinsed with water and poured.
- C. Pumice used for prostheses which have been in the mouth should be changed after each patient.
- D. The ragwheel should be properly disinfected.
- E. Case pans should also be properly disinfected.
- F. Work benches and sinks should be disinfected daily.

## VII. SPECIAL PRECAUTIONS FOR INFECTIOUS DISEASES

### A. Medical History

The medical history should be reviewed before treating each patient. If no history form is located in the chart, a history should be obtained. Questions should be asked regarding medications, current illnesses, hepatitis, recurrent illnesses, unintentional weight loss, lymphadenopathy, oral soft tissue lesions, or other infections.

### B. Immunizations

- 1. The Center for Disease Control recommends that all dental personnel who have routine patient contact be vaccinated against Hepatitis B. Contact the HSA and CD about vaccination for dental staff.
- 2. All inmates assigned to the dental clinic should be serologically tested for hepatitis associated antigen. Those inmates found with a positive titer of hepatitis antigen B should not be allowed to work in the dental clinic.
- 3. Dental clinic inmate workers should be counseled about the Hepatitis B vaccine and provided the vaccine if the serological test so indicates.



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 September 15, 1996  
 Attachment IV-H, Page 1

DATA MANAGEMENT REPORT  
 BP-DEN-1

Institution: \_\_\_\_\_ Region: \_\_\_\_\_

Quarter \_\_\_\_\_ Year \_\_\_\_\_

Provider: \_\_\_\_\_ SSN: \_\_\_\_\_

Specialty Code: \_\_\_\_\_

I. Dental Appointments:

- A. Routine (10001): \_\_\_\_\_  
 B. Sick Call/Emerg. (10002): \_\_\_\_\_  
 C. Consultant I (10003): \_\_\_\_\_  
 D. Consultant O (10004): \_\_\_\_\_

Total(10000): \_\_\_\_\_

II. Examinations

- A. Initial Screening (21000): \_\_\_\_\_  
 B. Modified Init. Screening  
 (22000): \_\_\_\_\_  
 C. Oral Examinations  
 1. Comprehensive (23000): \_\_\_\_\_  
 2. Periodic (24000): \_\_\_\_\_

Total(20000): \_\_\_\_\_

III. Periodontal Procedures Provided

- A. Prophylaxis (51000): \_\_\_\_\_  
 B. Ging. Curettage/Root  
 Plan (52000): \_\_\_\_\_  
 C. Perio. Surgery (53000): \_\_\_\_\_  
 D. Occl. Equil. (54000): \_\_\_\_\_  
 E. TMD Related Procd.  
 (55000): \_\_\_\_\_

Total(50000): \_\_\_\_\_

IV. Restorative Procedures Provided

- A. Permanent (61000): \_\_\_\_\_  
 (no. of surfaces \_\_\_\_\_)  
 B. Interim (62000): \_\_\_\_\_  
 C. Units Cr./Bridge (63000): \_\_\_\_\_

Total(60000): \_\_\_\_\_

V. Endodontic Procedures Provided

- A. Initial Access Preps  
 (71000): \_\_\_\_\_  
 B. Interim Appts. (72000): \_\_\_\_\_  
 C. Canals Completed (73000): \_\_\_\_\_

Total(70000): \_\_\_\_\_

VI. Prosthodontic Appliances/Procedures Provided

- A. Complete Dentures (81000): \_\_\_\_\_  
 B. Removable/Fixed  
 Partial (82000): \_\_\_\_\_

C. Unspecified OS  
Procedures (83000): \_\_\_\_\_

Total (80000): \_\_\_\_\_